|  |
| --- |
| **Applicant’s Information** |
| First Name |  | Last Name |  |
| Address |  | City |  |
| State |  | Zip |  |
| Home number |  | Cell number |  |
| Work number |  | Email |  |

|  |
| --- |
| **Veterinarian Information** |
| Name | Phone Number |

**Background Information**

|  |  |
| --- | --- |
| Do you have children living in your home?  | YES or NO |
|  | If yes, what are their ages? |
| Have they been exposed to pets? |
| Do you have pets now? | YES or NO |
|  | If yes, by whom? |
| Are your pets vaccinated? YES or NO |
|  If yes, by whom? |
| Where do your pets live? |
| Are your pets spayed / neutered?  | YES or NO |
|  If not, why not? |
| If you own dogs, have they been tested for heartworms?  | YES or NO |
|  | Results? ( ) positive ( ) negative |
| Are your animals on heartworm / flea prevention? | YES or NO |
|  | Brand? |
| Has each adult living in your home consented to adopting this animal? | YES or NO |
| Where will your new pet stay? ( ) Indoors ( ) Outdoors ( ) Both |
|  If outdoors, how will the pet be restrained? ( ) Fenced yard ( ) Invisible fence ( ) Lot ( ) Other |
| If you are adopting a cat, are you considering having the cat declawed?  |  ( ) Yes ( ) No ( ) Maybe |
| Do you own or rent your home? ( ) Own ( ) Rent |
|  | If you rent, please provide land lord phone number for approval or proof of pet allowance. |
|  |
| Your type of residence: ( ) House ( ) Apartment ( )Townhouse ( ) Condo |
| Any other information you would like us to consider? |  |
|
| References: |